

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# SAMHSA'S FY 2015 BUDGET REQUEST – A Commitment to the Nation's Behavioral Health

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Washington, DC  
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# SAMHSA BUDGET OVERVIEW

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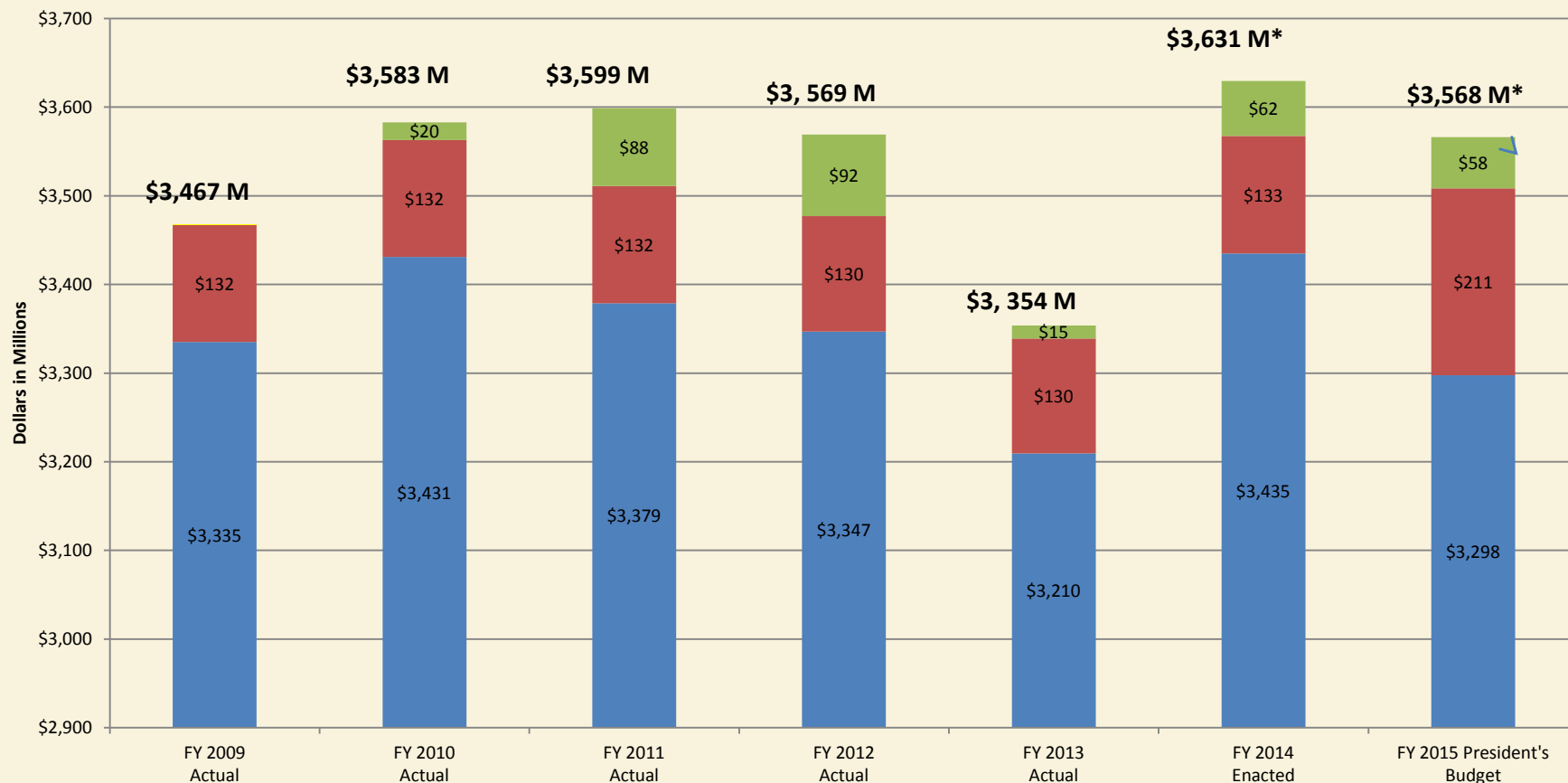
- ➔ Supports President's Commitment to and Investment in the Nation's Health through Key Behavioral Health Priorities
- ➔ Maintains FY 2014 Increases in Critical Block Grant Funding
- ➔ Maintains FY2014 Funding Ratio
  - SA (68 percent)
  - MH (32 percent)

# FY 2009 – FY 2015

- Prevention Funds
- PHS Funds
- Budget Authority

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FY 2009 - FY 2015 Total Program Level



\* FY 2014 & FY 2015 totals include \$1.5 M each year for extraordinary data and publication requests user fees

# COMPARISON TO FY 2014

## FOUR APPROPRIATIONS

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Appropriation	Mental Health Services	SA Prevention	SA Treatment	HSPS (SA & MH)	Total	
<b>FY2014 Actual</b>	\$1,080	\$176	\$2,181	\$194	\$3,631	
<b>FY2015 Proposed</b>	\$1,057	\$186	\$2,111	\$208	\$3,568	
<b><i>FY15 PHS Evaluation Funds (non add)</i></b>	\$26	\$16	\$109	\$59	\$211	
<b><i>FY 15 Prevention &amp; Public Health Fund (non add)</i></b>	\$38	---	---	\$20	\$58	
<b>2015 +/- 2014</b>	(\$23)	\$10	(\$64)	\$14	(\$63)	

# ***SAMHSA***

# ***PRIORITY AREAS***

# PROTECTING THE HEALTH OF CHILDREN AND COMMUNITIES

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➔ ***Now Is the Time*** – \$130 M (+ \$15.0 M)

- \$115 M continued from FY 2014
- Science of Changing Social Norms (+ \$4 M)
- Peer Professionals (+ \$10 M)
- Workforce Data (+ \$1.0 M)



# ***NOW IS THE TIME –***

## **FY 2014 \$115 M CONTINUED IN FY 2015**

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- ➔ \$55 M – Project AWARE to improve MH awareness, increase referrals to BH services and support systems
  - \$40 M for Project AWARE state grants
  - \$15 M for Mental Health First Aid
- ➔ \$20 M – Healthy Transitions to support youth ages 16 to 25 w/ MH and/or SA problems, and their families
- ➔ \$40 M – BH Workforce activities:
  - \$35 M jointly administered w/ HRSA to expand the Behavioral Health Workforce Education and Training (BHWET) Grant Program
  - \$5 M for expansion of Minority Fellowship Program - Youth



# EVIDENCE-BASED PRACTICES THROUGH BLOCK GRANTS

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- ➔ Substance Abuse Prevention and Treatment Block Grant (SABG) – \$1.8 B
  - Maintains FY 2014 level (+ \$ 110 M over FY 2013)
- ➔ Community Mental Health Services Block Grant (MHBG) – \$ 484 M
  - Maintains FY 2014 level (+ \$ 47 M over FY 2013)
  - Continues new FY 2014 5 percent set aside
    - For “evidence-based MH prevention and treatment practices to address the needs of individuals with early SMI, including psychotic disorders,” regardless of age at onset

# BUILDING THE WORKFORCE

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➔ \$56 M in *Now Is the Time* (+ \$ 11 M)

- In collaboration with HRSA
- Adds commitment to BH workforce data
- Maintains most of FY 2014 increase to Minority Fellowship Program
- Adds commitment to peer/paraprofessional workforce

# STRENGTHENING AND INTEGRATING CARE

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## → Primary Care and Addiction Services Integration (PCASI) – + \$20 M

- Allow addiction treatment providers to offer an array of physical health and addiction treatment services
- Modeled after Primary/Behavioral Health Care Integration (PBHCI) program

## → HIV/AIDS Continuum of Care

- \$24 M of existing resources
- Links Minority Aids Initiative, PBHCI, and PCASI
- Builds on FY 2014 pilot

# REACHING AMERICANS IN COMMON HEALTHCARE SETTINGS

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- ➔ Grants for Adult Trauma Screening and Brief Intervention (GATSBI) – + \$2.9 M
- Repeat request from FY 2014
  - To advance the knowledge base to address trauma for women in primary care, OB/GYN, and emergency departments of hospitals and urgent care settings
  - Will be developed by SAMHSA in consultation with ACF, CDC, NIAAA, NIDA, NIMH, and VA

# FIGHTING PRESCRIPTION DRUG ABUSE

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- State Grants within Strategic Prevention Framework Program (SPF Rx) – + \$10 M
- Enhance, implement and evaluate state strategies to prevent prescription drug abuse/misuse
  - Improve collaboration on risks of overprescribing and use of Prescription Drug Monitoring Programs (PDMPs) between states public health and behavioral health authorities, and pharmaceutical and medical communities

# PREVENTING SUICIDE

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## → National Strategy for Suicide Prevention (NSSP) Implementation – + \$2.0 M

- Assist states in establishing and expanding evidence-based suicide prevention efforts
- Address middle age population – most # deaths
- Improve follow-up after suicide attempts
- Goals
  - Reduce # of deaths by suicide
  - Reduce # of suicide attempts

## → Tribal Behavioral Health Grants – \$5 M

- Continued from FY 2014

# BUILDING PARTNERSHIPS

## EXPANDING PRACTICES THAT WORK

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- ➔ Building BH Coalitions (BBHC) –
- \$3.0 M of existing resources
  - Jointly administered by Center for Mental Health Services (CMHS) and Center for Substance Abuse Prevention (CSAP)
  - Working to address shared risk and protective factors for substance abuse and mental illness
  - Building resilience and emotional health



# OTHER NOTABLE INCREASES FROM FY 2014

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- ➔ SA Targeted Capacity Expansion (TCE ) – +\$2.0 M  
(Still less than FY 2013)
  - To create the BH Privacy Center of Excellence
  
- ➔ Disaster Response – + \$0.992 M (Increase over  
FY 2013 and FY 2014)

# REDUCTIONS FROM FY 2014

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- ➔ PBHCI Services ↓ \$24 M (Total at \$26 M)
- ➔ SBIRT ↓ \$17 M (Total at \$30 M)
- ➔ ATR ↓ \$50 M (eliminates program; looking at providing information for states re possible use of vouchers through SABG funding)
- ➔ Criminal Justice ↓ \$10.6 M (returned to \$64 M, slightly more than FY 2013 levels)
- ➔ GLS Youth Suicide Prevention ↓ \$10 M
  - Allow expansion of ages
  - Increased focus on tribes w/ highest rates

# PREVENTION FUND

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Prevention and Public Health Fund	FY 2013 CR	FY 2014 Enacted	FY 2015	FY 2014 +/- FY 2015
Access to Recovery	\$0	\$50	\$0	(\$50)
Primary/Behavioral Health Integration	\$0	\$0	\$28	+\$28
Healthcare Surveillance	\$14.73	\$0	\$20	+\$20
Suicide Prevention	\$0	\$10	\$10	\$0
National Strategy on Suicide Prevention	\$0	\$2	\$0	(\$2)
Total	\$14.73	\$62	\$58	(\$4)

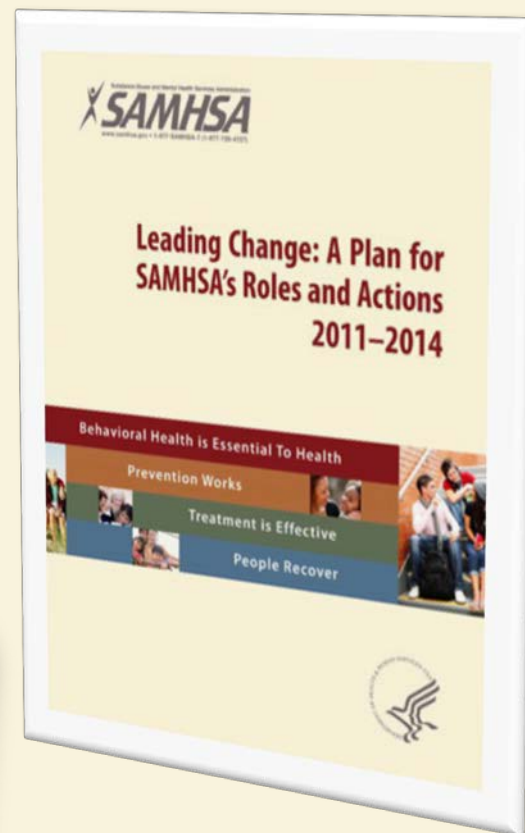
# LEADING CHANGE 2011 – 2014

## 8 STRATEGIC INITIATIVES

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### LEADING CHANGE 2.0: 2015 – 2018

- ➔ Out for public comment by April
- ➔ Will contain 6 initiatives
- ➔ Will guide the next 4 years



# SAMHSA OF THE FUTURE – FY 2014 AND BEYOND

## SAMHSA's Strategic Initiatives 2011 – 2014

1. Prevention
2. Trauma and Justice
3. Military Families
4. Recovery Support
5. Health Reform
6. Health Information Technology
7. Data, Outcomes & Quality
8. Public Awareness & Support

## SAMHSA's Strategic Initiatives 2015 – 2018

1. Prevention
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce

## SAMHSA's Strategic Initiatives

Business  
Operations

Data

Communications

Health Financing

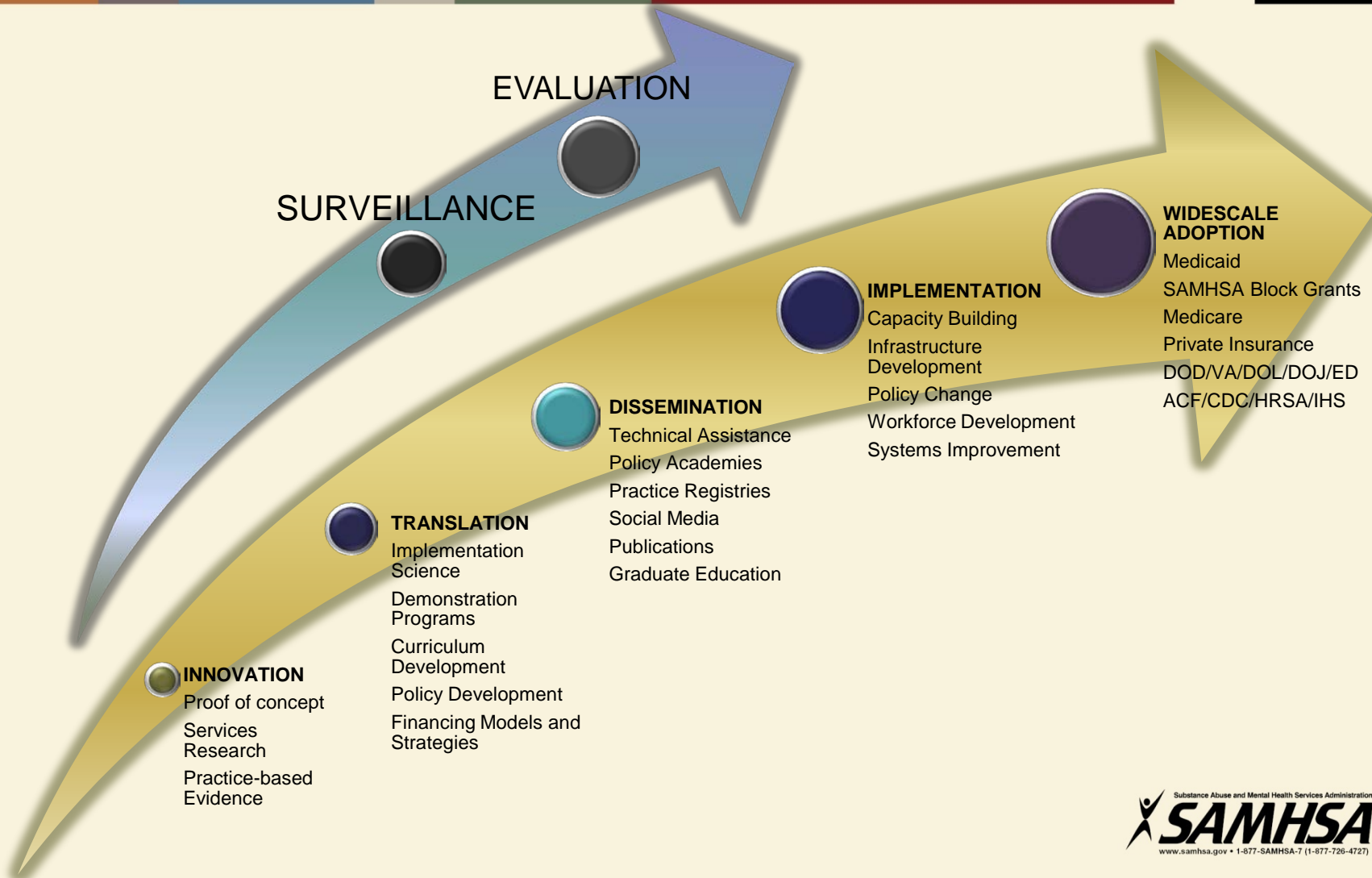
Policy

Resource  
Investment

Staff  
Development

# SAMHSA'S THEORY OF CHANGE: ADVANCING THE BH OF THE NATION

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